

State of New Jersey
Department of Law & Public Safety
Division of Highway Traffic Safety
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Drunk Driving Enforcement Fund Application
N.J.S.A. 39:4-50.8 /N.J.A.C. 13:86

Law Enforcement Agency and Address: _____	Funding currently available: _____
	2006 Surcharge Funds: \$ _____
	2006 Bottle Tax Funds: \$ <u>included w/surcharge funds</u>
	Prior Unclaimed Funds: \$ _____
County: _____	Total Funds Available: \$ _____

Proposed Drunk Driving Enforcement Fund Expenditures

PRIMARY - MANDATORY:

(a minimum of 50 percent of total available funds, DHTS approval not required)

1. Officer overtime salaries for DWI patrols or checkpoints: \$ _____

OPTIONAL:

(DHTS approval not required)

2. Salaries for overtime court appearances of law enforcement office required in connection with prosecution of violation of 39:4-50: \$ _____

3. Audio visual equipment and supplies used to document and preserve evidence of Enforcement of 39:4-50: \$ _____

4. Breath testing instruments and supplies approved by the Attorney General pursuant to N.J.A.C. 13:51-3.1: \$ _____

5. Blood Test Kits: \$ _____

6. Safety equipment needed to conduct DWI Checkpoints for Enforcement of 39:4-50 (cones, flares, lighting, reflectorized vests): \$ _____

OTHER EXPENDITURE:

(DHTS approval required)

7. Request to expend funds for time or equipment not listed above: \$ _____
Funds expended must enhance the enforcement of 39:4-50.
Justification must be attached. Approval on a case by case basis.

Total DDEF Proposal (1-7) \$ _____

Anticipated Supplemental Budget Information

1. Overtime Salaries

Potential Enforcement Activities (check all that may apply)

☐ DWI Patrols ☐ Court Time ☐ Check Points

If patrols are utilized:

How many officers will work a detail? _____

Maximum hourly salary? _____

Total number of hours per detail? _____

2. Audio Visual Equipment

Make _____ Model _____

Number of Units _____ Price/Unit \$ _____ Tapes \$ _____

Other _____ Cost \$ _____

Total \$ _____

3. Alcotest Unit & Supplies (Breathalyzer)

Make _____ Cost/Unit \$ _____

Repair Costs _____ Supplies _____

Total \$ _____

4. Blood Testing Kits

Cost/Kit \$ _____ Times _____ Kits =

Total \$ _____

5. Checkpoint Safety Equipment

Flares \$ _____ Cones \$ _____ Signs \$ _____ Lights \$ _____

Reflectorized Clothing \$ _____ Other \$ _____

Total \$ _____

6. Justification For Time Or Equipment Other Than That Above.

Total \$ _____

Expenditure of Previous SFY Grant Monies Report

July 1, 2005 Through June 30, 2006

Project Director's Name: _____ Phone () _____

Number of Drunk Driving convictions during reporting period: _____

Number of Drunk Driving summonses written for this period: _____

1. **Primary** - Mandatory 50% overtime patrol or checkpoint salary detail.

a. Total overtime man hours of Patrol activity: _____

b. Total number of checkpoints held: _____

c. Total overtime man hours of checkpoint activity: _____

d. Total overtime salaries paid \$ _____

2. **Optional Primary**

a. Overtime court salaries for DWI/DRE officer testimony
_____ Hours worked @ \$ _____ per hour = \$ _____

b. Audio Visual equipment and accessory costs \$ _____

c. Alcotest Unit purchases and supplies or repairs (Breathalyzer) \$ _____

d. Blood Testing Kits and accessories \$ _____

e. Checkpoint equipment \$ _____

TOTAL Optional Primary \$ _____

3. **Other Funding** (Previous Approval Required)

Describe the goal of the task and how it was met. (ex: Education Programs at Schools or Civic Groups, Seminars or Training, etc. If additional space is needed please attach separate sheets)

Total Salaries: \$ _____

Total Purchases: \$ _____

Total Other Funding: \$ _____

DDEF Program Expenditures \$ _____

Supporting documentation not previously submitted is required under N.J.A.C. 13:86-2.5(b) from an entity receiving a grant from the DDE Fund. This documentation should prove overtime salaries were paid to a law enforcement officer working DWI patrols or checkpoints, or required court time for enforcing or convicting for 39:4-50. Purchase documents for authorized equipment, other items or activities must also be included. Acceptable documentation is outlined in the DDEF Summary. The undersigned certify that the information contained on this form is true and accurate to the best of our knowledge.

Financial Director

Date